## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-2-20</u> 09	Address:	103 S. Washington
Case #:	24 <u>I'30735</u>		Bourbon, IN
County:	<u>Marshall</u>		<u>46504</u>
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	⊠ Residence     □ Outbuilding     □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  ☑ Lithium/Ammonia Reaction(s): crawl space			
Red Phosphorous/Iodine Reaction(s):			
Tlammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): <u>cra</u> wl <u>space</u>			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information c/Pseudoephedrine Tracking Log erchant Tip ome owner found
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: <u>Bourbon VFD</u> partment: <u>Marshall County</u> ection Service:	Fax: <u>(574)</u> Fax: <u>(574)</u> Fax:	<u>936-9247</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Scott Gilbert Phone 219-696-6242  ** This form is to be laxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.